

ACKNOWLEDGEMENT OF NOTIFICATION

OF HAZARDOUS WASTE ACTIVITY

11/15/90

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This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986594976

FACILITY NAME ->

SHELL OIL CO

MAILING ADDRESS ->

SUITE 150-500 INTERNATIONAL DR MT OLIVE, NJ 07828

INSTALLATION ADDRESS ->

1403 W LANDIS & ORCHARD VINELAND, NJ 08360

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II** 26 FEDERAL PLAZA NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: SULLIVAN C A ANALYST SHELL OIL CO SUITE 150-500 INTERNATIONAL DR MT OLIVE, NJ 07828

⊕EPA

United States Environmental Protection Agency Washington, DC 20460

Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Motification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

The Motification of Mazard	Recovery Act).
For Official Use Only	
Co	pmments
С	
Installation's EPA ID Number	Date Received
C ALT A Q Q (CQ (A T / T/A C	Approved (yr. mo. day)
f Name of Installation	9000/2 cumperent
1. Name of Installation	
SHELL OIL COMPA	1 10 9
II. Installation Mailing Address	O. B. O. Bou
	or P.O. Box
55011 TE 1150 1500	IINTERNATIO NALI
City or Town	State ZIP Code
ANTI OLIVE	11111 NJ07828
III. Location of Installation	
Street or	Route Number
-11403 W LANDIS	IAND ORCHARD
City or Town	State ZIP Code
MINFLAND	NT0936C
IV. Installation Contact	103033
	Phone Number
Name and Title (last, first, and)	job title) (area code and number)
-15ULLIIVAN, CA. AN	ALY5/12/01/69/15/3/9
V. Ownership	
A. Name of Installation's Legal	B. Type of Ownership (enter code)
ISHELL OIL COMP	PAMY
VI. Type of Regulated Waste Activity (Mark 'X' in the approp	priate boxes. Refer to instructions.)
A. Hazardous Waste Activity	B. Used Oil Fuel Activities
1a. Generator 1b. Less than 1,000 kg/mo.	☐ 6. Off-Specification Used Oil Fuel
Transporter Treater/Storer/Disposer	a. Generator Marketing to Burner
4. Underground Injection	□ b. Other Marketer
5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)	☐ c. Burner
a. Generator Marketing to Burner	☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
b. Other Marketer	Who First Claims the Oil Meets the Specification
c. Burner	
	(V) is all a second of the control o
in which hazardous waste fuel or off-specification used oil fuel is b	'X' in all appropriate boxes to indicate type of combustion device(s) burned. See instructions for definitions of combustion devices.)
☐ A. Utility Boiler ☐ B. Industrial E	
VIII. Mode of Transportation (transporters only - enter 'X' in	
☐ A. Air ☐ B. Rail ☐ C. Highway	
IX. First or Subsequent Notification	
Mark 'X' in the appropriate box to indicate whether this is your installation	n's first notification of nazardous waste activity or a subsequent
notification. If this is not your first notification, enter your installation's EF	
A. First Notification B. Subsequent Notification	C. Installation's EPA ID Number
(complete item C)	

			The state of the second section of the section of the second section of the	ID - For Off	icial Use (Only	
			C W				T/A C
	Hazardous Wastes (c						
A. Hazardous Waste from nonspecific s	s from Nonspecific Sou sources your installation h	rces. Enter the four-digitandles. Use additional s	number from 40 CFF heets if necessary.	Part 261.31 for e	each listed h	azardous waste	A STORY
1	2	3	4	5		6	
D008	XOOI	X 002	D018				
7	8	9	10	1	1	12	
	s from Specific Sources your installation handles			rt 261.32 for each	listed haza	rdous waste	encoloria regionalis
13	14	15	16	3 45 11	7	18	
19	20	21	22	2:	3	24	
				•			
25	26	27	28	29		30	
	nical Product Hazardous			Part 261.33 for e	ach chemic	al substance	
your installation nandi	les which may be hazardo	33	34	3!		36	
ने च ब ठ		33			N A	30	
37	38	39	40	4		42	2
43	44	45	46	. 44	7	48	
D. Listed Infecticus \	Wastes. Enter the four-o	digit number 40 CFR Part	261.34 for each haza	dous waste from	hospitals, v	eterinary hospita	ls.
or medical and resear	rch laboratories your insta						
49	50	51	52	5:	3	54	
F Characteristics of	Nonlisted Hazardous V	Vector Mark 'Y' in the h	oves corresponding t	the characteristi	no of nonlist	ad bazardaya	(a)
wastes your installatio	on handles. (See 40 CFR	Parts 261.21 - 261.24)	oxes corresponding to	Jule Characterist	es of monlist	ed nazardous	
	1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive [(D003)	4. Toxic (D000)			
XI. Certification	1	(2002)	. (2000)	(5000)			
I certify under pe and all attached obtaining the inf	naity of law that I have documents, and the documents and the documents and the least the law that I have a law that I h	hat based on my in that the submitted	equiry of those in Information is true	ndividuals imi e, accurate, a	mediately	responsible lete. I am av	o for vare
Signature () Ju	llivan	Name and Official T CINDY SULLIV ENVIRONMENTAL	itle (type or print) IAN L+MAINTENANC	e ANALYST	ate Signed	11/90	
Estimated burden:	: Public reporting bur		n of Information is	estimated to b	e 3 hours,	including time	e for

Estimated burden: Public reporting burden for this collection of information is estimated to be 3 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

REGION 2

ACKNOWLEDGEMENT OF NOTIFICATION OF

HAZARDOUS WASTE ACTIVITY

12/14/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER →

NJD986594976

INSTALLATION NAME →

SHELL OIL CO

INSTALLATION ADDRESS →

1403 W LANDIS VINELAND, NJ 08360

MAILING ADDRESS →

PO BOX 2099 HOUSTON, TX 77252-2099

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION 2 290 BROADWAY, 22nd Floor NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION RCRA PROGRAMS BRANCH

TO: BIENVENU, SONDRA
DISPOSAL COORD
PO BOX 2099
HOUSTON, TX 77252-2099

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 10/31/99

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of Regulated Waste Activity

GEN Date Received (For Official Use Only))V 13 AM IO: 48

United States Environmental Protection Agency

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					ID - F	or Officia	I Use On	ıly	
					,				
VIII. Type of Regulated	Waste Activity (M	Mark 'X' in the approp	late boxes. Re	fer to Inst	ructions)				
	A. Hazardous	Waste Activity			В. (Jsed Oil F	Recycling	g Activit	ies
1. Generator (See Instraction a. Greater than 1000 b. 100 to 1000 kg/mo c. Less than 100 kg/ 2. Transporter (Indicates below) a. For own waste on b. For commercial p Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	kg/mo (2,200 lbs.) (220-2,200 lbs.) mo (220 lbs) e Mode in boxes 1 ly urposes	required (instruction 4. Hazardous a. Generat b. Other M c. Boilerar 1. Sme 2. Sma Indicate 1 Device(s) 1. Utili 3. Indu	n) Note: A perfor this activities. Waste Fuel or Marketing to arketers ad/or Industrial liter Deferral all Quantity Except per of Combined Boiler astrial Boiler astrial Furnace and Injection Combined Boiler and Injection Boiler and In	ermit is ity, see Burner Furnace emption bustion	a. a. c. c. c. c. c. c.	ed Oil Rec Marketer D Dil to Off-S Marketer W Jsed Oil M ed Oil Burn Combustic Jtility Boile ndustrial F ed Oil Tran personer Fa ed Oil Proe licate Type Process Re-refine	pirects Shapecificate /ho First eets the ner - Indi on Device er Soiler Furnace nsporter ombustion er acility cessor/R	nipment of the control of the contro	ner he ations e(s)
IX. Description of Regul				· ·					
A. Characteristics of Nonlisted hazardous 1. Ignitable (D001) (D002)	wastes your instal	4.Toxicity (List Characteristic cont	o CFR Parts 26 specific EPA haz aminant(s))	1.20 - 261	.24)		10.7		
XX L			0 1 8						
B. Listed Hazardous Wa	CAR CONTRACTOR	3 : 4 <u></u>		need to II	ist more t		ste codes.		
	. 2	3	4	· • · · ·		5		6	
7	8	9	10			11		12	
C. Other Wastes. (State	or other wastes re		ave an I.D. nur	nber; See	instructi	ons.)	11.75		
Service House of	<u> </u>	3	4			5		6	The .
						1.		l	
X. Certification									
I certify under penalty of it a system designed to assi person or persons who mais, to the best of my knowl information, including the Signature	ure that qualified po anage the system, c edge and belief, tru	ersonnel properly gath or those persons direc- ue, accurate, and comp e and imprisonment fo	er and evaluate lly responsible lete. I am award r knowing viola	the inforr for gatheri e that there tions.	nation sul ng the infe are sign	bmitted. Ba ormation, tl ificant pena	ased on mediation in the information in the information in the information in the interest of	y inquiry ation subs submitting	of the mitted g false
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XI. Comments	- Company								
Al. Comments									

Note: Mail completed form	to the appropriate	e EPA Regional or Sta	te Office. (See	Section I	II of the b	ooklet for a	addresses	s.)	